COLFIDENTIAL Approved For Release 2001/11/01 : CIA-RDP57-00384R000400160102-0

REQUEST FOR MOVEMENT OF FAMILY AND/OR HOUSEHOLD EFFECTS

Name of Employee:	Title & Branch:
2	
Fresent Official Station:	Station to which employee
	is being transferred:
Type of Funds from which Employee's	Approximate Date Employee
Expenses Will be paid:	is to start travel:
Special Vouchered	
opootat.	1)
Movement of Family to be Requested	YES NO
(If trees complete spaces below)	The second secon
Immediace Family for whom Transportation	n is Requested:
Name	Relationship
	contacted in connection with movement:
Name, Address & Tel. No. of Person to be	COMPACTOR III COMMODULATION AT AN ASSESSMENT
	•
Approximate Date it is desired that Fam:	ily be moved:
Movement of Household Goods and Persona	l Effects Requested: YES NO
(If "Yes", complete spaces below)	L'
Address and Location of Household Goods	and Personal Ellecos:
Name, Address & Tel.No. of Person to be	contacted in connection with movement:
Mame, Address & Tel.No. of Person to be	COLUMN COC MAN COLUMN CO.
Estimated Weight or General Description	
Estimated Weight or General Description (If household goods, multiply	
(If household goods, multiply	
(If household goods, multiply number of rooms by 1000 to	
(If household goods, multiply number of rooms by 1000 to arrive at estimated weight)	
(If household goods, multiply number of rooms by 1000 to arrive at estimated weight) Approximate Date Movement is desired:	
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